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PTO/SB/82 (01-06)

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|---------------|
| Application Number | 10/751,603 |
| Filing Date | 1-5-04 |
| First Named Inventor | JOHNSON |
| Art Unit | 2614 |
| Examiner Name | ABNEY, PYESHA |
| Attorney Docket Number | BS030445 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

38516

OR

| | | | |
|---|-------------------------|-------|--------------------------|
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|--------------------|-----------|----------------|
| Signature | | | |
| Name | Scott P. Zimmerman | | |
| Date | | Telephone | (919) 469-2629 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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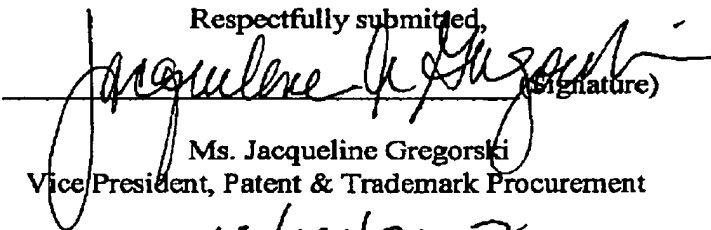
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